

Controlled Substance  
Inventory Form

Name and title of person responsible for completing form

Telephone Number (    )

D.E.A. Registration Number or Article 33 License Number

Signature

Date

Name and mailing address of the practitioner or institution

BUREAU USE ONLY

Control No. \_\_\_\_\_

BCS Log No. \_\_\_\_\_

Received By \_\_\_\_\_

Date Received \_\_\_\_\_

Inspected By \_\_\_\_\_ & \_\_\_\_\_

Date Inspected \_\_\_\_\_

ITEM #	TRADE OR GENERIC DRUG NAME AS SHOWN ON LABEL	STRENGTH	QUANTITY	REASON FOR SURRENDER	SOURCE OF DRUGS	REMARKS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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14						
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